U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

1. File Number U -

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Seth Oster	Name Screen Actors Guild
	Labor Organization File Number 000-113
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Boulevard	Street 5757 Wilshire Boulevard
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036-3600	State California ZIP Code + 4 90036-3600
5. Position in labor organization.  Deputy National Executive Director of Communications	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	B
Trade Name, if any:	<b>**</b>
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On <b>9/29/05</b> 323-549-6872
	Date Telephone Number

Name of Person Filing Seth Oster	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).  Name Variety  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 5700 Wilshire Blvd. Ste. 120  City Los Angeles  State California ZIP Code + 4 90036	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name See 11a  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  A trade publication that engages in business with SAG, including the placement of ads. Engages in business with multiple employers, studios, agencies, etc. The extent of the business relationships with SAG and others not reasonably ascertainable
City State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  I had breakfast on Apr. 21 and lunch on March 15 with a reporter from Variety magazine
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$60
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.